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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|--|---|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| your government-is picture identification | Write the name that is on your government-issued picture identification (for example, your driver's | Samantha First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Molina Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3539 | |

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Case number (if known)

Debtor 1 Samantha Molina

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|--|---|---|--|--|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 530 W. Aldine Street Apt. 209 | | | |
| | | Chicago, IL 60657 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Cook | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing | Check one: | Check one: | | |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Case number (if known) Debtor 1 Samantha Molina

| ar | Tell the Court About | Your Ba | ankruptcy Ca | ise | | | |
|---|---|---|-----------------|--|---|--|-----|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | ☐ Ch | napter 7 | | | | |
| | | ☐ Ch | napter 11 | | | | |
| | | ☐ Ch | napter 12 | | | | |
| | | ■ Ch | napter 13 | | | | |
| | | | • | | | | |
| I will pay the entire fee when I file my petition. Please check with the clerk's office in your local courabout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit of a pre-printed address. | | | | ourself, you may pay with cash, cashier's check, or mo | oney | | |
| | | | | | tallments. If you choose this options (Official Form 103A). | on, sign and attach the Application for Individuals to F | Pay |
| ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By but is not required to, waive your fee, and may do so only if your income is less than 150% of the offic applies to your family size and you are unable to pay the fee in installments). If you choose this option You want You want | | | | | our income is less than 150% of the official poverty lin- in installments). If you choose this option, you must fill | e that | |
| | | | the Application | on to Have the (| Chapter 7 Filing Fee Waived (Offi | cial Form 103B) and file it with your petition. | |
|). Have you filed for bankruptcy within the | | ■ No. | | | | | |
| | last 8 years? | ☐ Yes | | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | S. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your | □ No. | . Go to I | ine 12. | | | |
| | residence? | ■ Yes | s Has yo | our landlord obta | ained an eviction judgment agains | st you and do you want to stay in your residence? | |
| | | _ 100 | . ■ | No. Go to line | 12. | | |
| | | | | Yes. Fill out <i>In</i> bankruptcy per | | Judgment Against You (Form 101A) and file it with thi | is |

Document Page 4 of 59 Case number (if known) Debtor 1 Samantha Molina Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Samantha Molina Document Page 5 of 59 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 59 Case number (if known) Debtor 1 Samantha Molina Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Samantha Molina Signature of Debtor 2 Samantha Molina Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on August 9, 2016

MM / DD / YYYY

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Debtor 1 Samantha Molina Page 7 of 59 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jason Blust, L | aw Office of Jason Blust | Date | August 9, 2016 | | | | |
|---------------------------|---|---------------|----------------|---|--|--|--|
| Signature of Attorn | ey for Debtor | _ | MM / DD / YYYY | _ | | | |
| Jason Blust, Law | Office of Jason Blust | | | | | | |
| Printed name | J 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. | | | | | | |
| Law Office of Jas | son Blust, LLC | | | | | | |
| 211 W Wacker D | lrivo | | | | | | |
| STE 200 | nive | | | | | | |
| Chicago, IL 6060 | 06 | | | | | | |
| Number, Street, City, Sta | te & ZIP Code | | | | | | |
| Contact phone (312 |) 273-5001 | Email address | | | | | |
| #6276382 | #6276382 | | | | | | |
| Bar number & State | | | | | | | |

| | | 1200:11111 | <u>-ni Paue 6 01 59</u> | |
|---------------------|--------------------------|-------------------|-------------------------|---------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Samantha Molina | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 12,514.00 1c. Copy line 63, Total of all property on Schedule A/B..... 12,514.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 13.621.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 66,692.00 Your total liabilities Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,925.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 2,075.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | |
|----|--|---|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | 1 |

500.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Book 4 on Oakonkulo E/E according following | Total c | laim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 37,225.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 37,225.00 |

| | | Document | Page 10 of 59 | | |
|--------------------------------|---|--|------------------------------|--|-------------------------|
| Fill in this inforr | mation to identify your | case and this filing: | | | |
| Debtor 1 | Samantha Molina | | | | |
| Johtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 Spouse, if filing) | First Name | Middle Name | Last Name | | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF ILLI | NOIS | | |
| Case number | | | | | ☐ Check if this is ar |
| | | | | | amended filing |
| · · · · - | 4004/5 | | | | |
| _ | orm 106A/B | 0 m4 v 4 | | | |
| | e A/B: Prop | e items. List an asset only once. If | | | 12/15 |
| Part 1: Describe | etion. Each Residence, Building, | a separate sheet to this form. On the Land, or Other Real Estate You O | wn or Have an Interest In | es, write your name and case | e number (if known). |
| ■ No. Go to Par | t 2. | | | | |
| Yes. Where is | s the property? | | | | |
| | | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| □ No ■ Yes | | | | Do not deduct secured cl | nime or exemptions. Put |
| _ | Ford Expedition | Who has an interest in the Debtor 1 only | ne property? Check one | the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| | 2004 | Debtor 2 only | | Current value of the | Current value of the |
| Approximat | te mileage: 180,0 | | only | entire property? | portion you own? |
| Other inform | mation: | At least one of the deb | tors and another | | |
| | | Check if this is comm (see instructions) | nunity property | \$2,356.00 | \$2,356.00 |
| 3.2 Make: | Mercedes-Benz | Who has an interest in the | ne property? Check one | Do not deduct secured cla | |
| _ | CLK350 | Debtor 1 only | To property : Officer office | the amount of any secure Creditors Who Have Clair | |
| Year: | 2007 | Debtor 2 only | | Current value of the | Current value of the |
| Approximat | | Debtor 1 and Debtor 2 | only | entire property? | portion you own? |
| Other inform | mation: | At least one of the deb | tors and another | | |
| | | Check if this is comm | nunity property | \$7,658.00 | \$7,658.00 |
| | | | | | |
| Motororoft oi | roroft motor homos Al | TVo and other rearestional val- | ialaa athar yahialaa an | d accompanies | |
| | | TVs and other recreational veh anal watercraft, fishing vessels, so | | | |
| • | , | , , , , | , | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |

Official Form 106A/B Schedule A/B: Property page 1

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| Debtor 1 | Samantha Mo | olina | Document | Case | e number (if known) | |
|---------------------------|--|---|--|------------------------------------|------------------------|---|
| | | | | es from Part 2, including any | | \$10,014.00 |
| Dort 2: Do | aaariba Varre Baraa | nal and Hawashald I | · | | | |
| | | nal and Household I egal or equitable ir | nterest in any of the fo | ollowing items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Examp</i> □ No □ | nold goods and folles: Major applian Describe | | s, china, kitchenware | | | stating of exemptions. |
| | | Miscellaneous u | sed household good | s | | \$200.00 |
| □ No | oles: Televisions a | | leo, stereo, and digital nedia players, games | equipment; computers, printers, | , scanners; music co | llections; electronic devices |
| | | 1 Laptop Compu | uter, 1 iPad | | | \$1,300.00 |
| 9. Equipm | . Describe | graphic, exercise, a | | ent; bicycles, pool tables, golf c | clubs, skis; canoes ar | nd kayaks; carpentry tools; |
| ■ No □ Yes. | . Describe | amonto | | | | |
| ■ No | | s, shotguns, ammun | ition, and related equip | ment | | |
| □ No | | othes, furs, leather c | coats, designer wear, sl | noes, accessories | | |
| | | Personal Used (| Clothing | | | \$700.00 |
| □ No | | welry, costume jewe | elry, engagement rings, | wedding rings, heirloom jewelry | y, watches, gems, gc | ld, silver |
| | | Miscellaneous c | ostume jewelry | | | \$200.00 |
| | arm animals aples: Dogs, cats, | birds, horses | | | | |

■ No

☐ Yes. Describe.....

| Debtor 1 | Case 16-25542 Samantha Molina | Doc 1 | Filed 08/09/16 Document | Entered 08/09/16 14:16:38 Page 12 of 59 Case number (if known) | Desc Main |
|----------------------|---|--------------------|------------------------------|--|--|
| | | | | | |
| ■ No | other personal and househouse. Give specific information | - | u did not already list, in | cluding any health aids you did not list | |
| 15. Add | I the dollar value of all of yo | our entries fi | | y entries for pages you have attached | \$2,400.00 |
| tor I | Part 3. Write that number he | ere | | | Ψ2,π00.00 |
| | Describe Your Financial Assets | | | | |
| Do you o | own or have any legal or eq | uitable inter | est in any of the follow | ng? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | | | , | sit box, and on hand when you file your petition | on |
| ■ Yes | S | ••••• | | | |
| | | | | Cash on hand | \$0.00 |
| | | | al accounts; certificates o | f deposit; shares in credit unions, brokerage hitution, list each. | ouses, and other similar |
| | S | | Institution n | ame: | |
| | ······································ | | | | |
| | 17.1. | | Checking a | account with US Bank | \$100.00 |
| Exan ■ No | is, mutual funds, or publicly nples: Bond funds, investmen | | vith brokerage firms, mon | ey market accounts | |
| | publicly traded stock and in venture | nterests in ir | ncorporated and uninco | rporated businesses, including an interes | t in an LLC, partnership, and |
| ■ No | venture | | | | |
| _ | s. Give specific information a | bout them | | | |
| | Name | e of entity: | | % of ownership: | |
| Nego Non- | rnment and corporate bond ptiable instruments include pe enegotiable instruments are th | ersonal check | ks, cashiers' checks, pron | nissory notes, and money orders. | |
| ■ No □ Yes | s. Give specific information ab | oout them er name: | | | |
| | ement or pension accounts mples: Interests in IRA, ERISA | | 1(k), 403(b), thrift savings | s accounts, or other pension or profit-sharing | plans |
| | s. List each account separate Type of | ly. faccount: | Institution n | ame: | |
| Your | | you have ma | | inue service or use from a company tric, gas, water), telecommunications compar | ies, or others |
| ■ No | | | Institution n | ame or individual: | |
| | S | | | | |
| 23. Annu ■ No | ities (A contract for a periodic | c payment of | f money to you, either for | life or for a number of years) | |
| | s Issuer name | and descript | tion. | | |
| Official Fo | orm 106A/B | | Schedule A/B: P | roperty | page 3 |

Case 16-25542 Doc 1 Filed 08/09/16 Entered 08/09/16 14:16:38 Desc Main Document Page 13 of 59 , Case number *(if known)* Debtor 1 Samantha Molina 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No

☐ Yes. Describe each claim.......

☐ Yes. Describe each claim.......

■ No

| Debto | Case 16-25542 or 1 Samantha Molina | | d 08/09/16 ocument | Entered 08 Page 14 of | 8/09/16 14:16:38 59 Case number (if known) | Desc Main |
|----------------|--|--------------------------|-----------------------|--------------------------|--|------------------|
| 35. A | ny financial assets you did no | t already list | | | | |
| _ | No | , | | | | |
| | Yes. Give specific information | | | | | |
| | | | | | | |
| | Add the dollar value of all of your part 4. Write that number h | | | | | \$100.00 |
| Part 5 | Describe Any Business-Related | l Property You Own or | Have an Interest | In. List any real esta | ate in Part 1. | |
| 37. D c | you own or have any legal or equ | itable interest in any b | usiness-related p | roperty? | | |
| I | lo. Go to Part 6. | | | | | |
| | es. Go to line 38. | | | | | |
| | | | | | | |
| Part 6 | Describe Any Farm- and Comm If you own or have an interest in fa | | Property You Ow | n or Have an Interes | st In. | |
| 46. D | o you own or have any legal o | r equitable interest | in any farm- or | commercial fishin | g-related property? | |
| _ | No. Go to Part 7. | | - | | | |
| | Yes. Go to line 47. | | | | | |
| | | | | | | |
| Part 7 | Describe All Property You | Own or Have an Intere | est in That You Di | d Not List Above | | |
| 50 D | | | -1 | | | |
| | you have other property of a examples: Season tickets, countr | | aiready list? | | | |
| | No | , | | | | |
| | Yes. Give specific information | | | | | |
| | | | | | | |
| 54. | Add the dollar value of all of ye | our entries from Pa | rt 7. Write that r | umber here | | \$0.00 |
| | | | | | | |
| Part 8 | List the Totals of Each Part | of this Form | | | | |
| 55 | Part 1: Total real estate, line 2 | | | | | \$0.00 |
| | Part 2: Total vehicles, line 5 | | | \$10,014.00 | | Ψ0.00 |
| | Part 3: Total personal and hou | sehold items, line 1 | 5 | \$2,400.00 | | |
| | Part 4: Total financial assets, I | , | _ | \$100.00 | | |
| | Part 5: Total business-related | | | \$0.00 | | |
| | Part 6: Total farm- and fishing- | | ne 52 | \$0.00 | | |
| | Part 7: Total other property no | | + | \$0.00 | | |
| | Fotal personal property. Add lin | | _ | \$12,514.00 | Copy personal property t | otal \$12,514.00 |
| 63. | Fotal of all property on Schedu | ule A/B. Add line 55 | + line 62 | | | \$12,514.00 |

Official Form 106A/B Schedule A/B: Property page 5

| | | I A A A A A A A A A A A A A A A A A A A | | |
|---|--------------------------|---|-------------|--|
| Fill in this info | rmation to identify your | case: | | |
| Debtor 1 | Samantha Molina | Middle Name | Last Name | |
| Debtor 2 | Filst Name | Middle Name | Last Name | |
| | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| , | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|------|---|------------------------------------|
| | Copy the value from Schedule A/B | Ched | ck only one box for each exemption. | |
| 2004 Ford Expedition 180,000 miles Line from <i>Schedule A/B</i> : 3.1 | \$2,356.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Enterior Gariedale 705. G. 1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Miscellaneous used household goods | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| Line IIoin Schedule A.B. C. I | | | 100% of fair market value, up to any applicable statutory limit | |
| 1 Laptop Computer, 1 iPad Line from Schedule A/B: 7.1 | \$1,300.00 | | \$1,300.00 | 735 ILCS 5/12-1001(b) |
| Elle Holli Genedale A.B. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Personal Used Clothing Line from Schedule A/B: 11.1 | \$700.00 | | \$700.00 | 735 ILCS 5/12-1001(a) |
| Line IIoiii Schedule A.B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Miscellaneous costume jewelry Line from Schedule A/B: 12.1 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| Line nom Schedule A/D. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Filed 08/09/16 Entered 08/09/16 14:16:38 Desc Main Case 16-25542 Doc 1 Document Page 16 of 59 Case number (if known) Debtor 1 Samantha Molina Brief description of the property and line on Schedule A/B that lists this property Amount of the exemption you claim Current value of the Specific laws that allow exemption portion you own Copy the value from Check only one box for each exemption. Schedule A/B Checking account with US Bank 735 ILCS 5/12-1001(b) \$100.00 \$100.00 Line from Schedule A/B: 17.1 100% of fair market value, up to

| | | any applicable statutory limit |
|----|------|---|
| 3. | • | claiming a homestead exemption of more than \$160,375? o adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. |
| | No | |
| | Yes. | Did you acquire the property covered by the exemption within 1,215 days before you filed this case? |
| | | No |
| | | Yes |

| entify your case: ha Molina urt for the: NOF | Document Middle Name Middle Name RTHERN DISTRICT OF ILL | Last Name Last Name | | | |
|--|--|--|--|---|--|
| | Middle Name | Last Name | | | |
| | Middle Name | Last Name | | | |
| urt for the: NOR | | | | | |
| urt for the: NOF | | | | | |
| urt for the: NOF | THERN DISTRICT OF ILL | INOIS | | | |
| | | | | | |
| | | | | | |
| | | | | ☐ Check | if this is an |
| | | | | ameno | ded filing |
| | | | | | |
| ditoro \A/ba | Llovo Cloimo | Coourod | l by Droporty | | 40/45 |
| artors who | nave Claims | Secured | by Property | <u> </u> | 12/15 |
| | | | | | |
| age, mi it out, numi | ber the entires, and attach it | to this form. On | the top of any addition | iai pages, write your na | ne and case |
| secured by your pro | operty? | | | | |
| d submit this form | to the court with your other | schedules. Yo | u have nothing else to | report on this form. | |
| formation below. | | | | | |
| Claims | | | | | |
| editor has more than | one secured claim, list the cre | editor separately | Column A | Column B | Column C |
| creditor has a particul | ar claim, list the other creditor | s in Part 2. As | Amount of claim | Value of collateral | Unsecured portion |
| ii aipiiabelicai ordei a | according to the creditor's name | ie. | value of collateral. | claim | if any |
| | <u> </u> | | \$13,621.00 | \$7,658.00 | \$5,963.00 |
| 2007 Miles | Mercedes-Benz CLK350 | 0 80,000 | | | |
| | e date you file, the claim is: | Check all that | | | |
| | tingent | | | | |
| | • | | | | |
| | | | | | |
| ie. Nature | of lien. Check all that apply. | | | | |
| | • | mortgage or secu | ured | | |
| | ioan | | | | |
| _ | • | chanic's lien) | | | |
| | | A | . • | | |
| ☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) ☐ Automobile Lien | | | | | |
| | | | | | |
| | | | | | |
| | ast 4 digits of account num | ber 1000 | | | |
| | - | | | | |
| The second of th | s possible. If two marge, fill it out, numbers age, for making age, for making age, fill it out, numbers age, for making age, fill it out, numbers a | possible. If two married people are filing togeth Page, fill it out, number the entries, and attach it secured by your property? In discontinuous secured by your property? In discontinuous secured claim, list the creditor has a particular claim, list the other creditor in alphabetical order according to the creditor's name of the property that secures are secured secured. Describe the property that secures are secured secured secured claim, list the creditor in alphabetical order according to the creditor's name of the property that secures are secured secured. Describe the property that secures are secured sec | possible. If two married people are filing together, both are equerage, fill it out, number the entries, and attach it to this form. On secured by your property? In discontinuous secured by your property? In discontinuous secured by your property? In discontinuous secured claim, list the creditor schedules. You formation below. Claims Treditor has more than one secured claim, list the creditor separately creditor has a particular claim, list the other creditors in Part 2. As in alphabetical order according to the creditor's name. Treditor has more than one secured claim, list the creditor separately creditor has a particular claim, list the creditor separately credito | spossible. If two married people are filing together, both are equally responsible for supage, fill it out, number the entries, and attach it to this form. On the top of any addition secured by your property? In discount this form to the court with your other schedules. You have nothing else to formation below. Claims Teditor has more than one secured claim, list the creditor separately creditor has a particular claim, list the other creditors in Part 2. As in alphabetical order according to the creditor's name. TUSA Describe the property that secures the claim: 2007 Mercedes-Benz CLK350 80,000 miles As of the date you file, the claim is: Check all that apply. Contingent Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) di another Didding a right to offset) Automobile Lien | d submit this form to the court with your other schedules. You have nothing else to report on this form. formation below. Claims reditor has more than one secured claim, list the creditor separately creditor has a particular claim, list the other creditors in Part 2. As in alphabetical order according to the creditor's name. TUSA Describe the property that secures the claim: 2007 Mercedes-Benz CLK350 80,000 miles As of the date you file, the claim is: Check all that apply. Contingent ip Code Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) d another Undgment lien from a lawsuit or a Column A Amount of claim Do not deduct the value of collateral that supports this claim S13,621.00 \$7,658.00 |

Add the dollar value of your entries in Column A on this page. Write that number here: \$13,621.00 If this is the last page of your form, add the dollar value totals from all pages. \$13,621.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | | Document | Page 1 | 8 of 59 | | |
|---|--|--|--|--|--|--|---|
| Fill in | this inform | nation to identify your | case: | | | | |
| Debto | or 1 | Samantha Molina | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debto | | N | Maria de la companya | | | | |
| (Spous | e if, filing) | First Name | Middle Name | Last Name | | | |
| Unite | d States Bar | nkruptcy Court for the: | NORTHERN DISTRICT OF I | LLINOIS | | | |
| Casa | number | | | | | | |
| (if know | | | | | | П | Check if this is an |
| | | | | | | | amended filing |
| ~ · · · | | 4005/5 | | | | | |
| | | 106E/F | | | | | |
| Sch | edule E | /F: Creditors W | ho Have Unsecured | Claims | | | 12/15 |
| nny exe Schedi Schedi eft. Att name a | ecutory control ule G: Execut ule D: Credito tach the Contant and case num | racts or unexpired leases tory Contracts and Unexp ors Who Have Claims Sec tinuation Page to this pag nber (if known). | e Part 1 for creditors with PRIORI that could result in a claim. Also ired Leases (Official Form 106G). ured by Property. If more space is e. If you have no information to re | list executory Do not include needed, copy | contracts on Schedu any creditors with pa the Part you need, fil | le A/B: Property (Offic artially secured claims Il it out, number the er | ial Form 106A/B) and on s that are listed in ntries in the boxes on the |
| Part 1 | | I of Your PRIORITY Un | | | | | |
| _ | _ | rs have priority unsecure | d claims against you? | | | | |
| | No. Go to Pa | art 2. | | | | | |
| | Yes. | | | | | | |
| Part 2 | | l of Your NONPRIORIT | | | | | |
| 3. D | o any credito | rs have nonpriority unsec | cured claims against you? | | | | |
| | No. You hav | re nothing to report in this p | art. Submit this form to the court wit | h your other sch | nedules. | | |
| | Yes. | | | | | | |
| / li | et all of your | nonpriority unsecured of | aims in the alphabetical order of t | he creditor wh | o holds each claim If | f a craditar has more the | an ana napariarity |
| ur th | nsecured clain | n, list the creditor separately | γ for each claim. For each claim liste st the other creditors in Part 3.If you | ed, identify what | type of claim it is. Do r | not list claims already in | cluded in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 | Alliance | Collection | Last 4 digits of ac | count number | 0029 | | \$4.726.00 |
| | | Creditor's Name | | | | | Ψ1,120.00 |
| | | Route 83 | When was the del | ot incurred? | | | _ |
| | #208 Lake 7::: | rich, IL 60047 | | | | | |
| | | reet City State Zlp Code | As of the date you | ı file, the claim | is: Check all that apply | y | |
| | Who incur | red the debt? Check one. | | | | | |
| | Debtor | 1 only | ☐ Contingent | | | | |
| | ☐ Debtor | 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor | 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least | t one of the debtors and and | other Type of NONPRIO | RITY unsecure | ed claim: | | |
| | ☐ Check | if this claim is for a comi | nunity | | | | |
| | debt | | | | aration agreement or d | livorce that you did not | |
| | _ | m subject to offset? | report as priority cla | | | 7 | |
| | ■ No | | · | • | ng plans, and other sin | niiar debts | |
| | ☐ Yes | | Other. Specify | 09 Ch Vent | tures Llc | | _ |

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| Debtor | 1 Samantha Molina | Case number (if know) | | | | |
|--------|---|---|------------|--|--|--|
| 4.2 | City of Chicago Parking Nonpriority Creditor's Name | Last 4 digits of account number | \$1,800.00 | | | |
| | Dept of Revenue PO Box 88292 | When was the debt incurred? | | | | |
| | Chicago, IL 60680 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specifytickets | | | | |
| 4.3 | Credit Protection Assoc Nonpriority Creditor's Name | Last 4 digits of account number 5811 | \$297.00 | | | |
| | Po Box 802068 Dallas, TX 75380 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify 11 Mediacom | | | | |
| 4.4 | Diversified Adjustment Swervices, Inc Nonpriority Creditor's Name | Last 4 digits of account number 8954 | \$363.00 | | | |
| | Dasi-Bankrupcty 60 Coon Rapids Blvd | When was the debt incurred? Opened 05/16 | | | | |
| | Coon Rapids, MN 55433 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | □Yes | Other. Specify Collection Attorney Sprint | | | | |

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| Debtor | 1 Samantha Molina | | Case number (if know) | | | | | |
|--------|---|---|---|----------|--|--|--|--|
| 4.5 | ERC/Enhanced Recovery Corp | Last 4 digits of account number | 9909 | \$369.00 | | | | |
| | Nonpriority Creditor's Name 8014 Bayberry Rd Jacksonville, FL 32256 | When was the debt incurred? | Opened 02/15 | - | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | | |
| | At least one of the debtors and another | ☐ Student loans | a ciami. | | | | | |
| | Check if this claim is for a community debt | Obligations arising out of a sepa | aration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharin | | | | | | |
| | Yes | Other. Specify Collection A | attorney Tmobile | - | | | | |
| 4.6 | First Mid-illinois B & | Last 4 digits of account number | 0809 | \$0.00 | | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | Opened 08/09 Last Active 9/05/09 | - | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | | | | | | |
| | Yes | ■ Other. Specify Automobile | | - | | | | |
| 4.7 | H & R Accounts, Inc | Last 4 digits of account number | 7137 | \$212.00 | | | | |
| | Nonpriority Creditor's Name Po Box 672 Moline, IL 61265 | When was the debt incurred? | Opened 02/13 | - | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ At least one of the debtors and another | | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | ☐ Yes | | attorney Carle Physician Group | - | | | | |
| | | | | | | | | |

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| Debio | Samantna Molina | Case number (if know) | |
|-------|---|---|----------|
| 4.8 | H & R Accounts, Inc | Last 4 digits of account number 2816 | \$105.00 |
| | Nonpriority Creditor's Name Po Box 672 | When was the debt incurred? Opened 02/16 | |
| | Moline, IL 61265 Number Street City State Zlp Code | As of the date you file the plain in Cheek all that each | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Collection Attorney Carle Physician Group | |
| | | | |
| 4.9 | H & R Accounts, Inc | Last 4 digits of account number 2023 | \$52.00 |
| | Nonpriority Creditor's Name Po Box 672 | When was the debt incurred? Opened 03/16 | |
| | Moline, IL 61265 | Opened 05/10 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection Attorney Carle Physician Group | |
| 4.1 | Harris & Harris | Last 4 digits of account number 5321 | \$690.00 |
| U | Nonpriority Creditor's Name | | |
| | 111 W Jackson Blvd Suite 400 | When was the debt incurred? | |
| | Chicago, IL 60604 | _ | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Med1 02 Carle Foundation Hospital | |

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Case Dumber (if know)

| Debli | Samantna Molina | Case number (if know) | |
|----------|---|---|----------|
| 4.1 1 | Harris & Harris | Last 4 digits of account number 5857 | \$380.00 |
| | Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400 | When was the debt incurred? | |
| | Chicago, IL 60604 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Med1 02 Carle Foundation Hospital | |
| 4.1 2 | Harris & Harris | Last 4 digits of account number 5845 | \$63.00 |
| | Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400 Chicago, IL 60604 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Med1 02 Carle Foundation Hospital | |
| 4.1 | Michigan Avenue Immediate Care | Last 4 digits of account number | \$300.00 |
| | Nonpriority Creditor's Name 180 N Michigan Ave Suite 1605 | When was the debt incurred? | |
| | Chicago, IL 60601 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | |
| | Li res | Other. Specify medical | |

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| DCDI | Samanina Monna | | Case Harriser (II kilow) | |
|----------|--|--|---|------------|
| 4.1 4 | Mid America Bank & Tru | Last 4 digits of account number | 1224 | \$465.00 |
| | Nonpriority Creditor's Name | _ | Opened 07/45 Lept Aptive | |
| | 5109 S Broadband Ln Sioux Falls, SD 57108 | When was the debt incurred? | Opened 07/15 Last Active 10/19/15 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | | |
| 4.1 | Midstate Collection So | Last 4 digits of account number | 2092 | \$3,889.00 |
| 5 | Nonpriority Creditor's Name | | | Ψ0,000.00 |
| | P O Box 3292 | When was the debt incurred? | Opened 11/13 | |
| | Champaign, IL 61826 Number Street City State Zlp Code | | in Charle all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | в. Спеск ан шасарру | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | _ ′ | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | Student loans | d Glaim. | |
| | ☐ Check if this claim is for a community debt | _ | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | tration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Collection A | | |
| 4.1 | Midstate Collection So | Last 4 digits of account number | 4159 | \$1,866.00 |
| Ь | Nonpriority Creditor's Name | | | ψ1,000.00 |
| | P O Box 3292 | When was the debt incurred? | Opened 09/12 | |
| | Champaign, IL 61826 Number Street City State Zlp Code | | in Ohada Habataan | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ At least one of the debtors and another | Student loans | u 0.u | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | manon agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | ■ Other. Specify Cent | ttorney Sarah Bush Lincoln Health | |
| | | | | |

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| Debi | or i Samantna Molina | | Case number (if know) | | | |
|----------|---|---|--|------------|--|--|
| 4.1 7 | Midstate Collection So | Last 4 digits of account number | 4016 | \$1,593.00 | | |
| | Nonpriority Creditor's Name P O Box 3292 | When was the debt incurred? | Opened 12/13 | | | |
| | Champaign, IL 61826 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Cent | ttorney Sarah Bush Lincoln Health | | | |
| 4.1 8 | Midstate Collection So | Last 4 digits of account number | 4160 | \$1,422.00 | | |
| | Nonpriority Creditor's Name P O Box 3292 Champaign, IL 61826 | When was the debt incurred? | Opened 09/12 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | , | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | |
| | Yes | ■ Other. Specify Cent | ttorney Sarah Bush Lincoln Health | | | |
| 4.1 9 | Midstate Collection So | Last 4 digits of account number | 4062 | \$924.00 | | |
| | Nonpriority Creditor's Name P O Box 3292 Champaign, IL 61826 | When was the debt incurred? | Opened 09/12 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | • | , | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | ☐ At least one of the debtors and another | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | □Yes | Other. Specify Cent | ttorney Sarah Bush Lincoln Health | | | |

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Case number (if know)

| Debtor | 1 Samantha Molina | | Case number (if know) | | | | | |
|----------|--|--|--|----------|--|--|--|--|
| 4.2 | | | | | | | | |
| 4.2 0 | Midstate Collection So | Last 4 digits of account number | 4158 | \$509.00 | | | | |
| | Nonpriority Creditor's Name P O Box 3292 | When was the debt incurred? | Opened 00/12 | | | | | |
| | Champaign, IL 61826 | when was the debt incurred? | Opened 09/12 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | ttorney Sarah Bush Lincoln Health | | | | | | |
| 40 | | | | | | | | |
| 4.2 | Midstate Collection So | Last 4 digits of account number | 3932 | \$266.00 | | | | |
| | Nonpriority Creditor's Name P O Box 3292 | When was the debt incurred? | Opened 12/13 | | | | | |
| | Champaign, IL 61826 Number Street City State Zlp Code | As of the data was file the plains | to OL I IIII . | | | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim i | s: Спеск ан tnat apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | • | | | | | | | |
| | | Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: | | | | | | |
| | At least one of the debtors and another | ☐ Student loans | a diami. | | | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | _ | _ Collection A | ttorney Sarah Bush Lincoln Health | | | | | |
| | ☐ Yes | Other. Specify Cent | | | | | | |
| 4.2 | Receivables Performance Mgmt | Last 4 digits of account number | 5675 | \$323.00 | | | | |
| 2 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ020.00 | | | | |
| | Attn: Bankruptcy | When was the debt incurred? | Opened 02/16 | | | | | |
| | Po Box 1548 | | | | | | | |
| | Lynnwood, WA 98036 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | , to or the date you me, the claim | or check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt | _ | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify Collection A | ttorney Directv | | | | | |

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Debtor 1 Samantha Molina Case number (if know) 4.2 Synchrony Bank/Care Credit 1383 \$7,892.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 11/15 Last Active Po Box 965064 When was the debt incurred? 6/09/16 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.2 Synchrony Bank/Gap 5435 \$400.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 04/10 Last Active Po Box 965064 When was the debt incurred? 12/28/11 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account 4.2 US Department of Education 8581 \$37,225.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/11 Last Active 2401 International When was the debt incurred? 6/30/16 Madison, WI 53704 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational

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| Debt | or 1 Samantha Molina | | Case number (if know) | | | | | |
|--------------|---|---|---|----------------------|--|--|--|--|
| 4.2 6 | Visa Dept Store National Bank Nonpriority Creditor's Name | Last 4 digits of account number | 3970 | \$561.00 | | | | |
| | Attn: Bankruptcy | | Opened 10/10 Last Active | | | | | |
| | Po Box 8053 | When was the debt incurred? | 6/20/11 | | | | | |
| | Mason, OH 45040 | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Charge Acc | count | | | | | |
| Part | 3: List Others to Be Notified About a De | bt That You Already Listed | | | | | | |
| is tı hav | rying to collect from you for a debt you owe to se | omeone else, list the original creditor in at you listed in Parts 1 or 2, list the add | you already listed in Parts 1 or 2. For example, if an Parts 1 or 2, then list the collection agency here itional creditors here. If you do not have addition | e. Similarly, if you | | | | |
| | and Address | On which entry in Part 1 or Part 2 did you | ı list the original creditor? | | | | | |
| | old Scott Harris | Line 4.2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | | |
| | W. Jackson Blvd., Ste. 600 ago, IL 60604 | | Part 2: Creditors with Nonpriority Unsecured Claim | iS | | | | |
| | - | Last 4 digits of account number | | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | - | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | • | | • | | Total Claim |
| T | 6f. | Student loans | 6f. | \$ | 37,225.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 29,467.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 66,692.00 |

| | | 12100111 | 3.11 | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this inform | mation to identify your | case: | | |
| Debtor 1 | Samantha Molina | Middle Name | Last Name | |
| Debtor 2 | riotranio | Middle Name | Last Hamo | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| 0 | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| | ٠, | | 3. 3 | 0000 | |

| | | Docume | <u>nt Page 29 d</u> | of 59 | |
|---------------|---|-------------------------------|---------------------------|-------------------------|---|
| Fill in thi | s information to identify your | case: | | | |
| | | | | | |
| Debtor 1 | Samantha Molina First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, f | iling) First Name | Middle Name | Last Name | | |
| | ata a Bankowatan Oand fandha | NODTHEDN DICTRICT | OF ILLINOIS | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case nur | nber | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Officia | al Form 106H | | | | |
| Sche | dule H: Your Cod | ehtors | | | 12/15 |
| OCITO | dale II. Tour ood | CDIOIS | | | 12/13 |
| | | | | | |
| | s are people or entities who a | | | | eeded, copy the Additional Page, |
| | | | | | of any Additional Pages, write |
| | e and case number (if known | | | ar and pages on the sep | |
| | | | | | |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| - N. | | | | | |
| ■ No | | | | | |
| □ Ye | 9 S | | | | |
| 2 Wi | thin the last 8 years, have you | ı lived in a community nr | onerty state or territor | ry? (Community property | states and territories include |
| | na, California, Idaho, Louisiana | | | | states and territories include |
| | | , | | , | |
| ■ No | o. Go to line 3. | | | | |
| □Y€ | es. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| | | | • | | |
| | | | | | |
| | | | | | with you. List the person shown |
| | | | | | e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 2. | i i omi rooth j, or ochea | | ooj. Ose ochedale b, c | chedule En , or ochedule o to illi |
| | | | | | |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Codo | | | ditor to whom you owe the debt |
| | Name, Number, Street, City, State and 2 | ir Code | | Check all schedules | s that apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| 3.1 | Name | | | Schedule E/F, lir | |
| | | | | ☐ Schedule E/F, III | |
| | | | | □ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | ☐ Schedule D, line | |
| 5.2 | Name | | | Schedule E/F, lir | |
| | | | | ☐ Schedule E/F, III | |
| | | | | Scriedule G, line | <u> </u> |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to i | identify your ca | 8e. | | | | | | | |
|--------------------|---|---|--|--|------------------------|-------------------|--------------------------------------|-------------------------------|-------------------------|-----------------|
| | | Samantha Mo | | | | | | | | |
| | otor 2 use, if filing) | | | | | _ | | | | |
| ' ' | - | y Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number | | | - | | | | | | chapter |
| <u>O</u> 1 | fficial Form 1 | 1061 | | | | | MM / DD/ \ | | g aato. | |
| So | chedule I: Y | our Inco | ome | | | | , 22, | | | 12/15 |
| sup spo atta | plying correct infornuse. If you are separ ch a separate sheet | nation. If you a rated and your to this form. C | ible. If two married peo are married and not filir spouse is not filing wi On the top of any addition | ng jointly, and your ith you, do not inclu | spouse i ide infori | is liviı matio | ng with you, incl n about your sp | ude informat ouse. If more | ion about space is r | your needed, |
| | | Employment | | | | | | | | |
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 1 | | | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Empl ☐ Not e | oyed mployed | | | |
| | employers. | | Occupation | Sales | | | | | | |
| | Include part-time, se self-employed work | | Employer's name | Vonage | | | | | | |
| | Occupation may incorrect or homemaker, if it a | | Employer's address | 23 Main Street Holmdel, NJ 077 | ' 33 | | | | | |
| | | | How long employed the | here? Expecto 22, 201 | ed Start 6 | Augu | ıst | | | |
| Par | t 2: Give Detai | ils About Mon | thly Income | | | | | | | |
| | mate monthly incomuse unless you are se | | te you file this form. If y | you have nothing to r | eport for | any lii | ne, write \$0 in the | space. Includ | de your nor | n-filing |
| | u or your non-filing sp e space, attach a sep | | re than one employer, co | ombine the information | n for all e | emplo | yers for that perso | on on the lines | s below. If y | ou need |
| | | | | | | | For Debtor 1 | For Debto non-filing | | |
| 2. | | | y, and commissions (be alculate what the month) | | 2. | \$_ | 4,167.00 | \$ | N/A | |
| 3. | Estimate and list n | nonthly overti | me pay. | | 3. | +\$_ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross In | come. Add line | e 2 + line 3. | | 4. | \$_ | 4,167.00 | \$ | N/A_ | |

Official Form 106I Schedule I: Your Income page 1

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| Debt | or 1 | Samantha Molina | | | | Case number (if kr | nown) | | | | |
|------|---------------|--|--|----------------------------------|----------|--------------------|-------|-------------------|---------------|-------------------|-----------------|
| | | | | | | For Debtor 1 | | For De | | pouse | |
| | Cop | y line 4 here | | 4. | | \$4,167 | 7.00 | \$ | | N/A | = |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Sec | | 58 | | \$ 1,042 | | \$ | | N/A | _ |
| | 5b. | Mandatory contributions for i | | | b. | | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for re | • | 50 | | | 0.00 | \$ | | N/A | _ |
| | 5d. 5e. | Required repayments of retire Insurance | ement fund loans | 50 56 | | | 0.00 | \$ | | N/A N/A | _ |
| | 5e. 5f. | Domestic support obligations | | 5f | | | 0.00 | \$ | | N/A | |
| | 5g. | Union dues | | 5 <u>.</u> | | | 0.00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | | | h.+ | | 0.00 | + \$ | | N/A | _ |
| 6. | Add | the payroll deductions. Add lin | es 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$1,242 | 2.00 | \$ | | N/A | _ |
| 7. | Cal | culate total monthly take-home | pay. Subtract line 6 from line 4. | 7. | | \$2,925 | 5.00 | \$ | | N/A | _ |
| 8. | 8b. 8c. | profession, or farm Attach a statement for each pro receipts, ordinary and necessal monthly net income. Interest and dividends Family support payments tha regularly receive | erty and from operating a busine operty and business showing gross by business expenses, and the total of tyou, a non-filing spouse, or a court, child support, maintenance, divenent. | s al 86 81 dependent | b. c. | \$ (| 0.00 | \$ \$ \$ \$ | | N/A N/A N/A | - |
| | 8e. | Social Security | • | 86 | | | 0.00 | \$ | | N/A | _ |
| | 8f. 8g. | that you receive, such as food s Nutrition Assistance Program) of Specify: Pension or retirement income | e value (if known) of any non-cash stamps (benefits under the Supple or housing subsidies. | mental 8f 86 | g. | \$ | 0.00 | \$ | | N/A N/A | - |
| | 8h. | Other monthly income. Specif | y: | 8I | h.+ | \$ | 0.00 | + \$ | | N/A | = |
| 9. | Add | all other income. Add lines 8a+ | 8b+8c+8d+8e+8f+8g+8h. | 9. | | \$(| 0.00 | \$ | | N/A | A |
| 10. | Cal | culate monthly income. Add line | e 7 + line 9. | 10. | \$ | 2,925.00 | + \$ | | N/A | = \$ | 2,925.00 |
| | Add | the entries in line 10 for Debtor 1 | and Debtor 2 or non-filing spouse | | | · | | | | | · |
| 11. | Incli othe | ide contributions from an unmarri r friends or relatives. not include any amounts already in | s to the expenses that you list in ed partner, members of your house included in lines 2-10 or amounts the | ehold, your dep | | | | | nedule 11. | | 0.00 |
| 12. | | e that amount on the Summary of | of line 10 to the amount in line 1 Schedules and Statistical Summa | | | | | | 12. | \$ | 2,925.00 |
| 13. | | - | ease within the year after you file | e this form? | | | | | | Combi month | ned y income |
| | | No. Yes. Explain: Debtor was | doing freelance work in the 6 : | months prior to | o fil | ing and makin | a ann | rovimot | oly ¢r | 500.00 | nor |
| | | | doing freelance work in the 6 r Debtor recently received a job 2 2016 | | | | | | | | |

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| | in this informs | tion to identify yo | our caca: | | | 1 | | |
|---------|--|--|--------------------------------------|--|---|-------------------------|--|--|
| | tor 1 | | | | | Cha | al if this is | |
| Deb | tor 1 | Samantha Mo | olina | | | □ □ | eck if this is: An amended filing | |
| | tor 2 | | | | | | | wing postpetition chapter |
| (Spo | ouse, if filing) | | | | | | 13 expenses as of | the following date: |
| Unit | ed States Bankr | uptcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| | | J: Your l | Exper | ses | | | | 12/1 |
| Be info | as complete a ormation. If m nber (if know | and accurate as | possible eded, atta ry questio | If two married people and the control of the contro | re filing together, b form. On the top o | oth are equif any addit | ually responsible for ional pages, write | or supplying correct your name and case |
| 1. | Is this a join | | illolu | | | | | |
| | ■ No. Go to | | in a separ | ate household? | | | | |
| | □ N | | • | | | | | |
| | □ Ye | es. Debtor 2 mus | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of De | btor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | | | _ | □Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | _ | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | _ | | | | | | | ☐ Yes |
| 3. | expenses of | enses include f people other tl d your depende | han $_{m \sqcap}$ | No Yes | | | | |
| exp | imate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | lude expense value of such ficial Form 10 | n assistance and | non-cash d have ind | government assistance i cluded it on <i>Schedule I:</i> Y | f you know Your Income | | Your exp | enses |
| 4. | | r home owners | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | 600.00 |
| | If not includ | ed in line 4: | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | · | 0.00 |
| | | | | ipkeep expenses | | 4c. | · | 0.00 |
| E | | owner's associat | | | and a modern to one | 4d. | | 0.00 |
| 5. | Additional n | ποττgage payme | ents for yo | our residence, such as ho | rne equity loans | 5. | Φ | 0.00 |

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| Debto | or 1 Samantha Molina | Case | num | ber (if known) | |
|-------|---|---|------|----------------|--------------------------|
| 6. | Utilities: | | | | |
| - | 6a. Electricity, heat, natural gas | | 6a. | \$ | 200.00 |
| | 6b. Water, sewer, garbage collection | | 6b. | \$ | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, | and cable services | 6c. | · | 350.00 |
| | | and capie services | | · | |
| | | | 6d. | · | 0.00 |
| | Food and housekeeping supplies | | 7. | · | 375.00 |
| | Childcare and children's education costs | | 8. | \$ | 0.00 |
| | Clothing, laundry, and dry cleaning | | 9. | \$ | 150.00 |
| 0. | Personal care products and services | | 10. | \$ | 100.00 |
| 1. | Medical and dental expenses | | 11. | \$ | 25.00 |
| 2. | Transportation. Include gas, maintenance, bus | s or train fare. | | _ | 000.00 |
| | Do not include car payments. | | 12. | \$ | 200.00 |
| 3. | Entertainment, clubs, recreation, newspaper | s, magazines, and books | 13. | \$ | 0.00 |
| 4. | Charitable contributions and religious donat | ions | 14. | \$ | 0.00 |
| 5. | Insurance. | | | | |
| | Do not include insurance deducted from your pa | ay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | | 15a. | \$ | 0.00 |
| | 15b. Health insurance | | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | | 15c. | · | 75.00 |
| | 15d. Other insurance. Specify: | | 15d. | | 0.00 |
| | Taxes. Do not include taxes deducted from you | | iou. | Ψ | 0.00 |
| | Specify: | i pay of illoluded ill illes 4 01 20. | 16. | \$ | 0.00 |
| | Installment or lease payments: | | 10. | Ψ | 0.00 |
| | 17a. Car payments for Vehicle 1 | | 17a. | ¢ | 0.00 |
| | | | | · - | |
| | 17b. Car payments for Vehicle 2 | | 17b. | · | 0.00 |
| | 17c. Other. Specify: | | 17c. | · | 0.00 |
| | 17d. Other. Specify: | | 17d. | \$ | 0.00 |
| | Your payments of alimony, maintenance, and | | 40 | ¢. | 0.00 |
| | deducted from your pay on line 5, Schedule | | 18. | · | |
| | Other payments you make to support others | who do not live with you. | | \$ | 0.00 |
| | Specify: | | 19. | | |
| | Other real property expenses not included in | | | | |
| | 20a. Mortgages on other property | : | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | : | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insura | ance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expens | es : | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominiur | m dues | 20e. | \$ | 0.00 |
| 1 | Other: Specify: | | 21. | · | 0.00 |
| ••• | | _ | ۷., | - Ψ | 0.00 |
| 22. | Calculate your monthly expenses | | | | |
| | 22a. Add lines 4 through 21. | | | \$ | 2,075.00 |
| | 22b. Copy line 22 (monthly expenses for Debto | r 2), if any, from Official Form 106J-2 | | \$ | , |
| | 22c. Add line 22a and 22b. The result is your m | | | \$ | 2 075 00 |
| | 220. Add line 22a and 22b. The result is your in | ionany expenses. | | Ψ | 2,075.00 |
| 3. | Calculate your monthly net income. | | | | |
| | 23a. Copy line 12 (your combined monthly inc | ome) from Schedule I. | 23a. | \$ | 2,925.00 |
| | 23b. Copy your monthly expenses from line 22 | | 23b. | | 2,075.00 |
| | | | | | 2,010.00 |
| | 23c. Subtract your monthly expenses from you | ır monthly income | | | |
| | The result is your <i>monthly net income</i> . | inominy modifie. | 23c. | \$ | 850.00 |
| | The result is your monthly net income. | | - ' | 1 | |
| 24. | Do you expect an increase or decrease in yo | our expenses within the year after you file | this | form? | |
| | For example, do you expect to finish paying for your ca | | | | or decrease because of a |
| | modification to the terms of your mortgage? | | _ | | |
| | ■ No. | | | | |
| | ☐ Yes. Explain here: | | | | |
| | LI TES. Explain nere. | | | | |

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| Debtor 1 Samantha Molina First Name Middle Name Last Name Debtor 2 First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (it brown) Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 It wo married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 lears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 2 | | | | | | |
|--|---------------------|--------------------------|---------------------------|----------------------------|-----------------------------|-------------------------------|
| Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Morthern District OF ILLINOIS Case number (If known) Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Samantha Molina Signature of Debtor 1 | Fill in this infor | mation to identify your | case: | | | |
| Debtor 2 First Name Middle Name Last Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina X Signature of Debtor 2 Signature of Debtor 2 | Debtor 1 | Samantha Molina | | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Samantha Molina Samantha Molina Signature of Debtor 2 | | E: AN | AC.1 (1 A) | | | |
| Case number (fl known) Check if this is an amended filling | (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Samantha Molina Signature of Debtor 1 | United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Samantha Molina Signature of Debtor 1 | Case number | | | | | |
| Declaration About an Individual Debtor's Schedules 12/15 It wo married people are filing together, both are equally responsible for supplying correct information. If wo married people are filing together, both are equally responsible for supplying correct information. If wo married people are filing together, both are equally responsible for supplying correct information. If wo married people are filing together, both are equally responsible for supplying correct information. If wo married people are filing together, both are equally responsible for supplying correct information. If wo married people are filing together, both are equally responsible for supplying correct information. Sign Below Did unust file this form whenever you file bankruptcy schedules. Making a false statement, concealing property, or obtaining money or property, or information. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Samantha Molina Signature of Debtor 1 | _ | | | | | ☐ Check if this is an |
| Declaration About an Individual Debtor's Schedules f two married people are filing together, both are equally responsible for supplying correct information. four must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 lears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 1 | | | | | | amended filing |
| Declaration About an Individual Debtor's Schedules f two married people are filing together, both are equally responsible for supplying correct information. four must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 lears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 1 | | | | | | |
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| f two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 1 | | | | D. I. (I O . | | |
| Tou must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 2 | Declarat | tion About a | an individual | Debtor's Sc | nedules | 12/15 |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 1 | Sig | n Below | | | | |
| ■ No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 1 Signature of Debtor 2 | Did vou pa | v or agree to pay some | eone who is NOT an attori | nev to help you fill out b | ankruptcy forms? | |
| Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 1 Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Signature of Debtor 2 | | , , , | | , ,, | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 1 Signature of Debtor 2 | INO | | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 1 Signature of Debtor 2 | ☐ Yes. I | Name of person | | | | |
| that they are true and correct. X /s/ Samantha Molina Samantha Molina Signature of Debtor 1 X Signature of Debtor 2 | | | | | Declaration, and | Signature (Official Form 119) |
| Samantha Molina Signature of Debtor 2 Signature of Debtor 1 | | | that I have read the sumi | mary and schedules filed | d with this declaration and | d |
| Samantha Molina Signature of Debtor 2 Signature of Debtor 1 | X /s/ San | nantha Molina | | x | | |
| Signature of Debtor 1 | | | | | Debtor 2 | |
| Date A 4 0 0040 | | | | 0 | | |
| Date August 9, 2016 Date | Date | August 9, 2016 | | Date | | |

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| -#II | in this inform | nation to identify you | . 0250 | | | |
|-------------------|---|--|--|---|--|---|
| _ | | | | | | |
| De | btor 1 | Samantha Molina First Name | Middle Name | Last Name | | |
| | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| | | nkruptcy Court for the: | NORTHERN DISTRICT O | OF ILLINOIS | | |
| _ | | | | | | |
| | se number nown) | | | | - | Check if this is an mended filing |
| | | | | | | 3 |
| | ficial Fo | | | | | |
| St | atement | of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| info | rmation. If m | | attach a separate sheet to | | equally responsible for sup | |
| Pa | rt 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is you | current marital statu | s? | | | |
| | □ Married■ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | _ | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>'</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. stat | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No | | | | | |
| | ☐ Yes. Ma | ke sure you fill out Sch | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | l amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$3,500.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Document Debtor 1 Samantha Molina

| | | | | Debtor 1 | | | Debtor 2 | <u> </u> | | |
|---|---|--------------|------------|--|-------------------------------------|----------------|-------------------------------------|-------------------------------|--------|--|
| | | | | Sources of income Check all that apply. | Gross ir (before of exclusion | deductions and | | s of income Il that apply. | (i | Bross income before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2015) | | | | ■ Wages, commissions, bonuses, tips | | \$0.00 | | | | |
| | | | | ☐ Operating a business | | | ☐ Opera | ating a business | | |
| For the calendar year before that: (January 1 to December 31, 2014) | | | | ■ Wages, commissions, bonuses, tips | \$2,439.00 | | ☐ Wages, commissions, bonuses, tips | | | |
| | | | | ☐ Operating a business | | | ☐ Opera | ating a business | | |
| | Include income regardless of whether that income is taxable. Examples of <i>other income</i> are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. | | | | | | | | | |
| | | | | Debtor 1 | | | Dobtor 1 | , | | |
| | | | | Sources of income Describe below. | each so | deductions and | Sources Describe | of income | (i | Gross income before deductions and exclusions) |
| Par | t 3: List | t Certain Pa | yments You | Made Before You Filed for I | Bankruptcy | , | | | | |
| 6. | Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to a attorney for this bankruptcy case. | | | | | | | | | |
| | Creditor' | 's Name and | d Address | Dates of payme | ent 7 | Fotal amount | Amount | • | s payı | ment for |
| | | | | | | paid | still | owe | | |

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Case number (if known) Debtor 1 Samantha Molina

| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gen control, or owner of 20% o | eral partners; partners partners of their votin | erships of which yo g securities; and ar | u are a genera ny managing a | al partner; corporations gent, including one for |
|-----|--|---|---|---|---------------------------------|---|
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Pai | t 4: Identify Legal Actions, Repossession | ns. and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, t | foreclosed, garnis | hed, attached | d, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | ı | | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No ☐ Yes. Fill in the details. | ause you owed a debt? | - | nancial institution | , set off any a | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taken | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes | | erty in the possess | | | efit of creditors, a |
| Pai | t 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | otcy, did you give any gifts | s with a total value | of more than \$60 | 0 per person | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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Page 38 of 59 Case number (if known) Document Debtor 1 Samantha Molina 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Law Office of Jason Blust 2016 \$370.00 \$370.00 paid pre-petition toward total 211 W. Wacker attorney fee of \$4,000.00, filing fee of Suite 300 \$310.00, and expenses of \$60.00 (\$4,000.00 to be paid in chapter 13 plan) Chicago, IL 60606 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

П Yes. Fill in the details.

Person Who Received Transfer **Address** Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Debtor 1 Samantha Molina

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called <i>asset-protection devices</i> .) | | | | | |
|-----|---|---|------------------------|--|---|--|
| | ■ No □ Yes. Fill in the details. | , | | | | |
| | Name of trust | Description and value o | f the property trar | sferred | Date Transfer was made | |
| Pa | t 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit Boxe | s, and Storage Un | its | | |
| 20. | sold, moved, or transferred? Include checking, savings, money market, or or houses, pension funds, cooperatives, associa No | other financial accounts; ce | rtificates of depos | | , , | |
| | Yes. Fill in the details. | | | | | |
| | | | of account or ument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for bankr | uptcy, any safe de | eposit box or other deposi | tory for securities, | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to Address (Number, Street, Cit State and ZIP Code) | | the contents | Do you still have it? | |
| 22. | Have you stored property in a storage unit or p | place other than your home | within 1 year befo | ore you filed for bankruptc | y? | |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had act to it? Address (Number, Street, Cit State and ZIP Code) | | e the contents | Do you still have it? | |
| Pai | t 9: Identify Property You Hold or Control for | r Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Include an | y property you bo | rrowed from, are storing fo | or, or hold in trust | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and Code) | | e the property | Value | |
| Pa | t 10: Give Details About Environmental Inform | nation | | | | |
| For | the purpose of Part 10, the following definitions | s apply: | | | | |
| | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these states. | air, land, soil, surface water | , groundwater, or | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | • | nmental law, whet | her you now own, operate | , or utilize it or used | |
| | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or | | zardous waste, h | azardous substance, toxic | substance, | |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Samantha Molina

| 24. | Has any governmental unit notified you that you ■ No | ou may be liable or potentially liable | under or in violation of an environme | ental law? | | |
|-----|---|--|--|--------------------|--|--|
| | Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of an | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or admin | nistrative proceeding under any envir | onmental law? Include settlements a | and orders. | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Par | 11: Give Details About Your Business or Co | nnections to Any Business | | | | |
| 27. | Within 4 years before you filed for bankruptcy | , did you own a business or have any | of the following connections to any | business? | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | |
| | ☐ A partner in a partnership | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting o | or equity securities of a corporation | | | | |
| | ■ No. None of the above applies. Go to Par | rt 12. | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | |
| | Business Name D Address | Describe the nature of the business | Employer Identification number | | | |
| | | lame of accountant or bookkeeper | Do not include Social Security in Dates business existed | number of frint. | | |
| 28. | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | , did you give a financial statement to | o anyone about your business? Inclu | ide all financial | | |
| | ■ No □ Yes. Fill in the details below. | | | | | |
| | | Date Issued | | | | |
| | (| | | | | |

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Debtor 1 Samantha Molina

| Part 12: Sign Below | | |
|---|---|---------------------------|
| are true and correct. I understand that | ment of Financial Affairs and any attachments, and I declare under making a false statement, concealing property, or obtaining more up to \$250,000, or imprisonment for up to 20 years, or both. | . , , , , |
| /s/ Samantha Molina | | |
| Samantha Molina | Signature of Debtor 2 | |
| Signature of Debtor 1 | | |
| Date August 9, 2016 | Date | |
| Did you attach additional pages to You | ır Statement of Financial Affairs for Individuals Filing for Bankru | ptcy (Official Form 107)? |
| ■ No | | |
| □Yes | | |
| Did you pay or agree to pay someone | who is not an attorney to help you fill out bankruptcy forms? | |
| ■ No | | |
| ☐ Yes. Name of Person . Attach t | he Bankruptcy Petition Preparer's Notice, Declaration, and Signature | (Official Form 119). |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - The Debtor(s) and Attorney have entered into an advance payment retainer for pre-filing and pre-confirmation work including, but not limited to, pre-filing bankruptcy advice, preparation of the petition and Chapter 13 plan, pre-filing bankruptcy planning, filing of the case, and any amendments necessary for confirmation. Pre-filing work is performed periodically as payments are received.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
 - (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
 - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$0.00

toward the flat fee, leaving a balance due of \$4,000.00; and \$370.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:August 9, 2016 | |
|---|---|
| Signed: | |
| /s/ Samantha Molina | /s/ Jason Blust, Law Office of Jason Blust |
| Samantha Molina | Jason Blust, Law Office of Jason Blust #6276382 |
| | Attorney for the Debtor(s) |
| Debtor(s) | |
| Do not sign this agreement if the amounts are | blank. Local Bankruptcy Form 23c |

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| | | Debtor(s) | Chapter | 13 | |
|--------------|---|---|-----------------------------------|------------------------|----------------|
| | | | | | |
| | DISCLOSURE OF COMPE | ENSATION OF ATTORNEY | FOR DE | EBTOR(S) | |
| C | ursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the fili e rendered on behalf of the debtor(s) in contemplation | ing of the petition in bankruptcy, or agree | ed to be paid | to me, for services re | |
| | For legal services, I have agreed to accept | | S | 4,000.00 | |
| | Prior to the filing of this statement I have received | | S | 0.00 | |
| | Balance Due | 9 | S | 4,000.00 | |
| 2. T | he source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. T | he source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | I have not agreed to share the above-disclosed comp | pensation with any other person unless t | hey are meml | bers and associates of | f my law firm. |
| [| I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | aw firm. A |
| 5. I | n return for the above-disclosed fee, I have agreed to r | render legal service for all aspects of the | bankruptcy c | ase, including: | |
| b c. d | Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credit Representation of the debtor in adversary proceeding [Other provisions as needed] In Chapter 13 cases, the Court-Approved | atement of affairs and plan which may be tors and confirmation hearing, and any a ags and other contested bankruptcy matte | required; djourned hear rs; | rings thereof; | ruptcy; |
| 6. B | y agreement with the debtor(s), the above-disclosed fe | ee does not include the following service | : | | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of ar inkruptcy proceeding. | ny agreement or arrangement for paymen | nt to me for re | epresentation of the c | ebtor(s) in |
| <u>Au</u> | igust 9, 2016 ute | /s/ Jason Blust, Law Offic Jason Blust, Law Office o Signature of Attorney Law Office of Jason Blust 211 W Wacker Drive | f Jason Blus | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - The Debtor(s) and Attorney have entered into an advance payment retainer for pre-filing and pre-confirmation work including, but not limited to, pre-filing bankruptcy advice, preparation of the petition and Chapter 13 plan, pre-filing bankruptcy planning, filing of the case, and any amendments necessary for confirmation. Pre-filing work is performed periodically as payments are received.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
 - (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
 - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, $$\underline{0.00}$ toward the flat fee, leaving a balance due of $$\underline{4,000.00}$; and $$\underline{370.00}$ for expenses, leaving a balance due for the filing fee of $$\underline{0.00}$
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: August 9,2016
Signed: Samantha Molina

Samantha Molina

Samantha Molina

Attorney for the Debtor(s)

Debtor(s)

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

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United States Bankruptcy Court Northern District of Illinois

| In re | Samantha Molina | | Case No. | |
|-------|---|---|--------------------------------|---------------|
| | | Debtor(s) | Chapter 13 | |
| | VERIF | ICATION OF CREDITOR N | MATRIX | |
| | | Number of | f Creditors: | 18 |
| | The above-named Debtor(s) here (our) knowledge. | eby verifies that the list of credi | itors is true and correct to t | he best of my |
| Date: | August 9, 2016 | /s/ Samantha Molina Samantha Molina Signature of Debtor | | |

Alliance Collection 4180 IL Route 83 #208 Lake Zurich, IL 60047

Arnold Scott Harris 111 W. Jackson Blvd., Ste. 600 Chicago, IL 60604

City of Chicago Parking Dept of Revenue PO Box 88292 Chicago, IL 60680

Credit Protection Assoc Po Box 802068 Dallas, TX 75380

Diversified Adjustment Swervices, Inc Dasi-Bankrupcty 60 Coon Rapids Blvd Coon Rapids, MN 55433

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

First Mid-illinois B &

H & R Accounts, Inc Po Box 672 Moline, IL 61265

Harris & Harris 111 W Jackson Blvd Suite 400 Chicago, IL 60604

Michigan Avenue Immediate Care 180 N Michigan Ave Suite 1605 Chicago, IL 60601 Mid America Bank & Tru 5109 S Broadband Ln Sioux Falls, SD 57108

Midstate Collection So P O Box 3292 Champaign, IL 61826

Receivables Performance Mgmt Attn: Bankruptcy Po Box 1548 Lynnwood, WA 98036

Santander Consumer USA Po Box 961275 Fort Worth, TX 76161

Synchrony Bank/Care Credit Po Box 965064 Orlando, FL 32896

Synchrony Bank/Gap Po Box 965064 Orlando, FL 32896

US Department of Education 2401 International Madison, WI 53704

Visa Dept Store National Bank Attn: Bankruptcy Po Box 8053 Mason, OH 45040